WELFARE (KUMARI SAROJ KHAPARDE): (a) Under Universal Immunization Programme, which is being implemented as a Technology Mission, adequate quantity of Oral Polio Vaccine is being made available to States and UTs.

(b) As the full process of production of Oral Polio Vaccine is not yet indigenised, the Government is obtaining nearly half of this requirement from Haqkine Bio-Pharmaceutical Corporation Limited,—a Maharashtra Government Public Sector Undertaking who produce Oral Polio Vaccine from imported monovalent bulk of type I, II and III of Oral Polio Vaccine. The remaining quantity is being obtained with the help of Rotary International who have agreed to give a gift of Oral Polio Vaccine through UNICEF. During 1987-88, 200 lakh doses and during 1988-89, 480 lakh doses have been obtained as a Rotary International Gift through UNICEF.

(c) No, Sir.

दिल्ली नगर निगम के अधीन क्षय रोग के अस्पताल/केन्द्र

1393 **श्री ईश दत्त यादव :** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) दिल्ली नगर निगम के अधीन क्षय रोग के कितने अस्पताल और केन्द्र चलाये जा रहे हैं और उनमें कितने-कितने चिकित्सक एम०बी०बी०एस० की उपाधि प्राप्त हैं ;

(ख) क्या यह सच है कि एम०बी०बी० एस० डिग्री प्राप्त काफी डाक्टर बेरोजगार हैं और क्षय रोग अस्पतालों में उनकी नियुक्ति के मामले अभी लम्बित हैं और यदि हां, तो जनवरी 1988 से अब तक इस संबंध में की गई कार्यवाही का ब्यौरा क्या है ; और

(ग) क्या यह भी सच है कि इन क्षय रोग अस्पतालों में समुचित सफाई सुविधाओं के अभाव में अत्यधिक गंदगी रहती है और यदि हां, तो इस संबंध में की गई कार्यवाही का ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (कुमारी सरोज खापर्डे) : (क) दिल्ली नगर निगम द्वारा दिल्ली संघ राज्य क्षेत्र में एक क्षयरोग अस्पताल और आठ क्षय रोग केन्द्र/क्लीनिक चलाए जाते हैं । उपर्युक्त संस्थाओं में एम०बी० बी०एस० डाक्टरों की कुल संख्या 85 है ।

(ख) और (ग) जी, नहीं ।

Appointment of A Director, INSDOC

1394. SHRI GURUDAS DAS GUPTA: SHRI N.E. BALARAM:

Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that the Indian National Scientific Documentation Centre (INSDOC) a major Institute of the Council of Scientific and Industrial Research (CSIR) has been whitout a Director for the last two decades; and

(b) if so, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRI SHIVRAJ PATIL): (a) and (b) The Governing Body of the CSIR in its meeting held on 25.11.1967 approved the establishment of Central Institute of Scientific Information and Publication (CISIP) by merging Indian National Scientific Documentation Centre with Publication & Information Directorate, another organistaion of the CSIR, for the effective integration of the common activities of these two organisations. After the post of Director, INSDOC fell vacant on 10.5.1969, a post of officer on Special duty was advertised for the CISIP but no candidate was selected for the post. Subsequently the post of Director, INSDOC was also advertised for CISIP; though the person selected did not join. The question of merger of INSDOC with PID remained the subject

matter of various Committees, including CSIR Review Committee, which also recommended the same in its report submitted on 31-12-1986. CSIR Society however, did not agree to this recommendation and as per its decision the INSDOC is to now function as an independent unit. Accordingly selection of the Director for INSDOC has already been made and the incumbent of the post is expected to join shortly. A Scientist-in-Charge with powers of Director has been working at INSDOC all along these years and this arrangement in no way affected the normal functioning of the Institute.

Failure of rural health plans in Uttar Pradesh

1395. SHRI N. E. BALARAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that rural health plans in Uttar Pradesh have failed to take off despite massive central support;

(b) whether not even one primary health centre was established till December, 1988 out of 550 sanctioned;

(c) whether funds allocated to Uttar Pradesh would be diverted to other needy States with far better performance; and

(d) whether Government propose to involve Voluntary Health Organisations in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) As reported by State Government of Uttar Pradesh 20,153 sub-centres, 2,476 primary health centres and 142 community health centres had been established in the State upto 31-3-1988. The State Government has a target of establishing additional 1500 sub-centres, 500 primary health centres and 37 community health centres during the current year. As reported by the State Government 79 PHCs have already been established against this goal till January, 1989.

(c) Establishment of Primary Health Centres and Community Health Centres is an activity included in the State Budget and the question of diverting the funds to other States does not arise.

(d) Government of India have advised the State Government to encourage Voluntary Health Organisation to take up responsibility for primary health care wherever such organisations come forward.

Report on Kala-Azar by voluntary health Association of India

1396. SHRI CHATURANAN MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the report of Kala-azar prepared by Voluntary Health Association of India;

(b) if so, what are its salient features; and

(c) whether Government have finalised its Action Plan to meet the emerging threat of Kala-azar in the country and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) Yes. The salient features of the report includes status of Kala-azar parasite, vector, reservoir of infection clinical features, diagnosis and treatment etc. It also describes control measures of Kala-azar and involvement of non-governmental organisations in the control of Kala-azar and community involvement.

(c) Yes. The special Action Plan for control of Kala-azar envisages:

interruption of transmission through vector control by undertaking insecticidal spraying in priority areas. diagnosis and treatment of Kala-azar cases. Health education.

The central assistance both in Cash and kind is being provided to the Kala-azar endemic states of Bihar and West Bengal.